

## c.—MENTAL PATHOLOGY.

PROGRESSIVE PARESIS FROM ALCOHOL.—Dr. E. Régis (*L' Encephale*, January, 1883) calls attention to the fact that it must be admitted that there are several forms of progressive paresis, differing according to the cause which engenders them, and it then remains to determine if around the true progressive paresis be not grouped several pseudo-progressive pareses. The question also arises, as has been pointed out, whether there is not a paralytic insanity as well as a paretic dementia, and whether the first arising under the influence of many causes, notably alcohol, does not end almost always in paretic dementia, but that it may be and often is cured. Had Dr. Régis a more extended experience, he would have seen that this supposed relation to etiology did not exist; that in all forms there were remissions, and these remissions have by superficial observers, been looked upon as recoveries. At the same time he does not seem to be acquainted with the fact that hypomania closely resembles, in its psychical features, progressive paresis, and fails to see that this is an element vitiating some of his conclusions.

PSYCHICAL BLINDNESS IN PROGRESSIVE PARESIS.—Dr. Stenger (*Archiv f. Psychiatrie*, Band xiii) reports five cases illustrative of the cortical blindness described by Fürstner as occurring in progressive paresis. The condition, according to Fürstner, and other experience, corroborates his view, usually occurs after the epileptiform and apoplectiform attacks. The patient can see, but fails to associate the object seen properly. If fire be placed before him he fails to associate the sight of it with the idea of burning. The condition is, as might be expected, sometimes temporary, sometimes permanent. The first, dependent on vaso-motor interruption of the associations; the last, from destruction of the same. In Fürstner's cases, one eye only was affected; in Stenger's, both. The pupillary differences found by the two observers are purely coincidental. Stenger found in one case not presenting this phenomenon, that there were visual hallucinations and hemianopsia. Atrophy of the occipital lobe was found in this case. In the cerebral blindness cases the lesions were too diffuse to permit of localization.

SYPHILITIC INSANITY.—Dr. C. H. Hughes, (*St. Louis Medical and Surgical Journal*, March, 1883) reports two cases of syphilitic insanity; one was a patient who had many morbid feelings, and had taken a strong antipathy to the physician who had at first treated him, and believed this physician had poisoned him. His manner was suspicious, and he was extremely cautious, inquisitive, and fearful about all medication. His eyes were suffused, pulse full, head hot, and his cerebral circulation over-active. The galvanic battery was his horror, and he withdrew from it as from a viper

on first attempting to employ it. By methods easier to practice than to impart, his confidence was gained sufficiently to induce him to take the necessary treatment, and it was found on inquiry, that he had years ago had a chancre, which healed spontaneously, giving him no trouble. A course of mercury and iodide of potassium, based on this information, combined with bromides, chloral, and galvanism, effected such a change for the better that the gentleman was enabled to resume his business of traveller for his mercantile house by the end of January. He has, however, been kept on kali iodide to the present time, the dose having been diminished from one drachm three times a day, to ten grains morning and evening.

Another case reported by Dr. Hughes was that of an American aged thirty years, unmarried, a lawyer by profession, and possessed of a good English education and ordinarily endowed intellect. When rational he was of studious and temperate habits, and professed the Methodist religion. His natural disposition was cheerful and social, and he has had no previous attacks of insanity and no hereditary tendency. His father's health was good, and his mother died at an advanced age. He came under hospital treatment in the fall of 1869, about ten days after his insane symptoms became first apparent. His parents were in no way regarded as eccentric; they were not blood-relatives, and he has no insane relatives. His general health was impaired and feeble, with syphilitic periostitis of tibia and nares. His case was attributable to constitutional syphilis as a predisposing, and to loss of sleep and excessive study as exciting, causes, but the brain strain was only ordinary work in the line of his profession. He was constipated, sleepless, and turbulent on admission, threatening God's vengeance on those whom he disliked, proclaimed himself called upon to preach the Gospel, talked religiously and blasphemously alternately. His appetite was ravenous, and he was filthy and indifferent in regard to his person, destroying clothing and bedding, soiling the floor and walls of his apartment. At the end of seven months, under specific treatment, no vestige of his mental disorder remained, and he was discharged as recovered, with instructions to continue iodide of potassium for two years. His treatment consisted of a short mercurial course, followed by drachm doses of kali iodide three times a day, with quinine and iron, opium and hyoscyamus.

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INSANITY AND ADDISON'S DISEASE.—Dr. Jas. D. Munson (Detroit *Lancet*, April, 1883) has reported three cases of insanity coexisting with Addison's disease. In two cases the relation, he claims, was etiological; in the third, coincidental. The type presented was depression and suspicion. There was evidence of heredity in all three cases.

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